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APPLICANTS John A. Chiorini, Silver Springs, MD; Robert M. Kotin, Bethesda, MD; Brian Safer, Silver Springs, MD;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/26/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance met Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY MD	SHEETS DRAWING 3	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 1
ADDRESS 88195					
TITLE AAV4 VECTOR AND USES THEREOF					
FILING FEE RECEIVED 1386	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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